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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1148
First Named Inventor	Rolf Banholzer
COMPLETE IF KNOWN	
Application Number	09 / 961,822
Filing Date	September 24, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CRYSTALLINE TIOTROPIUM BROMIDE MONOHYDRATE, PROCESSES FOR THE PREPARATION THEREOF, AND PHARMACEUTICAL COMPOSITIONS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
100 50 621.6	DE	10/12/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/249,349	11/16/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		<i>Place Customer Number Bar Code Label here</i>
<i>OR</i>		
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label 28501 *OR* Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country	<input type="checkbox"/> Telephone			<input type="checkbox"/> Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname		
Rolf	BANHOLZER				
Inventor's Signature					
Residence: City	Stuttgart	State		Country	Germany
Post Office Address	Pfullinger Strasse 55				
Post Office Address					
City	Stuttgart	State		ZIP	70597
				Country	Germany

Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Peter		SIEGER					
Inventor's Signature	<i>Peter Sieger</i>					Date	<u>Oct. 26, 2001</u>
Residence: City	Mittelbiberach	State		Country	Germany	Citizenship	DE
Post Office Address	Wielandstrasse 27						
Post Office Address							
City	Mittelbiberach	State		ZIP	88441	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Christian		KULINNA					
Inventor's Signature	<i>Christian Kulinna</i>					Date	<u>Oct. 27, 2001</u>
Residence: City	Mainz	State		Country	Germany	Citizenship	DE
Post Office Address	Eduard-Frank-Strasse 11						
Post Office Address							
City	Mainz	State		ZIP	55122	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Michael		TRUNK					
Inventor's Signature	<i>Michael Trunk</i>					Date	<u>Oct. 23, 2001</u>
Residence: City	Ingelheim	State		Country	Germany	Citizenship	DE
Post Office Address	Wackernheimer Strasse 17						
Post Office Address							
City	Ingelheim	State		ZIP	55218	Country	Germany

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Manfred		GRAULICH					
Inventor's Signature	<i>Manfred Graulich</i>					Date	<i>Oct. 23, 2001</i>
Residence: City	Waldalgesheim	State		Country	Germany	Citizenship	DE
Post Office Address	Ringstrasse 32						
Post Office Address							
City	Waldalgesheim	State		ZIP	55425	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Peter		SPECHT					
Inventor's Signature	<i>Peter Specht</i>					Date	<i>Oct. 23, 2001</i>
Residence: City	Ober-Hilbersheim	State		Country	Germany	Citizenship	DE
Post Office Address	Neuwiese 9						
Post Office Address							
City	Ober-Hilbersheim	State		ZIP	55437	Country	DE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Helmut		MEISSNER					
Inventor's Signature	<i>Helmut Meissner</i>					Date	<i>Oct. 23, 2001</i>
Residence: City	Ingelheim	State		Country	Germany	Citizenship	DE
Post Office Address	Hallgartenstrasse 9						
Post Office Address							
City	Ingelheim	State		ZIP	55218	Country	Germany

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